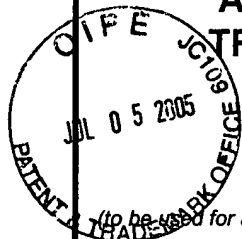


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



AMENDMENT TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

AMENDMENT TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/646,977
		Application Title	LIMITED SWIVEL SELF-ALIGNING BEARING ASSEMBLY
		Filing Date	August 22, 2003
		First Named Inventor	Borcherding, et al.
		Art Unit	3682
		Examiner Name	HANNON, Thomas R.
Total Number of Pages in This Submission	15	Attorney Docket Number	60033-41513

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Determination Record Form <input type="checkbox"/> Check for \$____ Attached: <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the fee of \$200.00 in this application to a Deposit Account <u>20-0823</u> . <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any over-payment, to Deposit Account Number <u>20-0823</u> . I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.	<input checked="" type="checkbox"/> Amendment and Response A <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> If an extension or an additional extension of time is required, but is not enclosed, please consider this a conditional petition therefore and charge Deposit Account <u>20-0823</u> accordingly <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Petition <input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard Copy of Transmittal For Deposit Account Processing of Fee
---	---	---

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thompson Coburn LLP		
Signature	<i>Joseph M. Rolnicki</i>		
Printed name	Joseph M. Rolnicki		
Date	June 29, 2005	Reg. No.	32,653

CERTIFICATE OF FIRST CLASS MAILING

I hereby certify that this document and fee is being deposited with the United States Postal Service as "First Class" under C.F.R. 1.8 on <u>June 29, 2005</u> , and addressed to: Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Signature	<i>Joseph M. Rolnicki</i>
Typed or printed name	Joseph M. Rolnicki

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and